	n dente on			Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 10/502060												160	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SMALL ENTITY													1
T	OTAL CLAIM	S	OME	NDED				RATE	FEE	7	RATE	FEE	┨
FOR			NUMBER FILED		HUMBER EXTRA			BASIC FI	E 190.00	OA	BASIC FE	920	1
TOTAL CHARGEABLE CLAIMS			minus EU=		•			xs-26-		OR	X\$50°	1	1
IN	DEPENDENT (minus 3 =		•			X1605	1	- ```	.86	 	1	
M	JLTIPLE DEPE	NOENT CLAUM	RESENT					145	╁	OR	290	 	1
• (1	the difference	•			POP	ــــــــــــــــــــــــــــــــــــــ	1003	4					
CLAIMS AS AMENDED - PART II												1 <u>920</u>	1
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR		ENTITY	
NI A		CLAIMS REMAINING AFTER AMENDMENT		MIGH NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	.]
AMENDMENT	Total	· 13	Minus	- 20)	· O·	1	X\$ 25=		OR	X\$50=		1
AME	Independent	. 2	Minus	3		" 0		X100=		OR	X200=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						لــــــــــــــــــــــــــــــــــــــ	ľ	+180=		OR	+360=		1
11/18-2-04							L	TOTAL DOIT, FEE			YOTAL ADDIT, FEE		1
	1 5 (Column 1) (Column 2) (Column 3)]
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
夏	Total	· <i>[</i> 7	Minus	-21	2	•		X\$ 25=		OR	X\$50=		
	Independent	•3.	Minus	43	20.000	<u> </u>	ľ	X100=		OR	X200=		
	PHST PRESE	ENTATION OF MI	LTIPLE DE	PENDENT	ZAM		Γ	+180=		OR	+360=		
					•		L	TOTAL	•		TOTAL LOOH, FEE		
(Column 1) (Column 2) (Column 3)													•
ENIC	11/316	CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHE: NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	ſ	ratie	ADDI- TIONAL FEE	[RATE	ADDI- TIONAL FEE	
я г	Total	ila	Minus	-(6)		• O	,	(\$ 25=		OR	X\$50=		
	independent	• 3	Mires	-3		5)	1	K100=		OR	X200=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+360=		İ
• #1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	YOTAL		
- 4	the "Highest Nur	AD	DIT. FEE		OR.	DOIT. FEEL		l					

Rec'd PCT/PTO 02 AUG 2004